



# Mailing Methods, Inc.

8850 Sterling Place ~ Caseyville, IL ~ 62232-1642

## Mailing Request Form

Department Name: \_\_\_\_\_

Box #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Description of Mailing: \_\_\_\_\_

Approximate Pieces: \_\_\_\_\_

File Name: \_\_\_\_\_

Service Requested:

Tab	Label	Fold	Ink Jet	Insert

### NEW POSTAL REQUIREMENTS

Move Update Method:


[NCOA](#) (National Change of Address)

[Ancillary Service Endorsement](#)

add (or Current Resident) under name in forward address

Special Instructions:

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**Please attach sample copy of mailing.**

EMAIL or FAX completed form to:

[sgula@mailingmethods.com](mailto:sgula@mailingmethods.com)

Mailing Methods Contact:

Sherry Gula or Joe Rule

Phone: 618.397.7776

Fax: 618.397.1016